

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 59 | 10/1 |
| FORMALITY REVIEW | TD | 301125 | 10/31/01 |
| RESPONSE FORMALITY REVIEW | CK | 1109 | 1-07-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 □ Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY
 If more than 150 claims or 10 actions
 use additional sheet here
 (LEFT INSIDE)

932
 10-31-01
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